

FIG. 2

000000"59TFT960

002

304 (MCO)

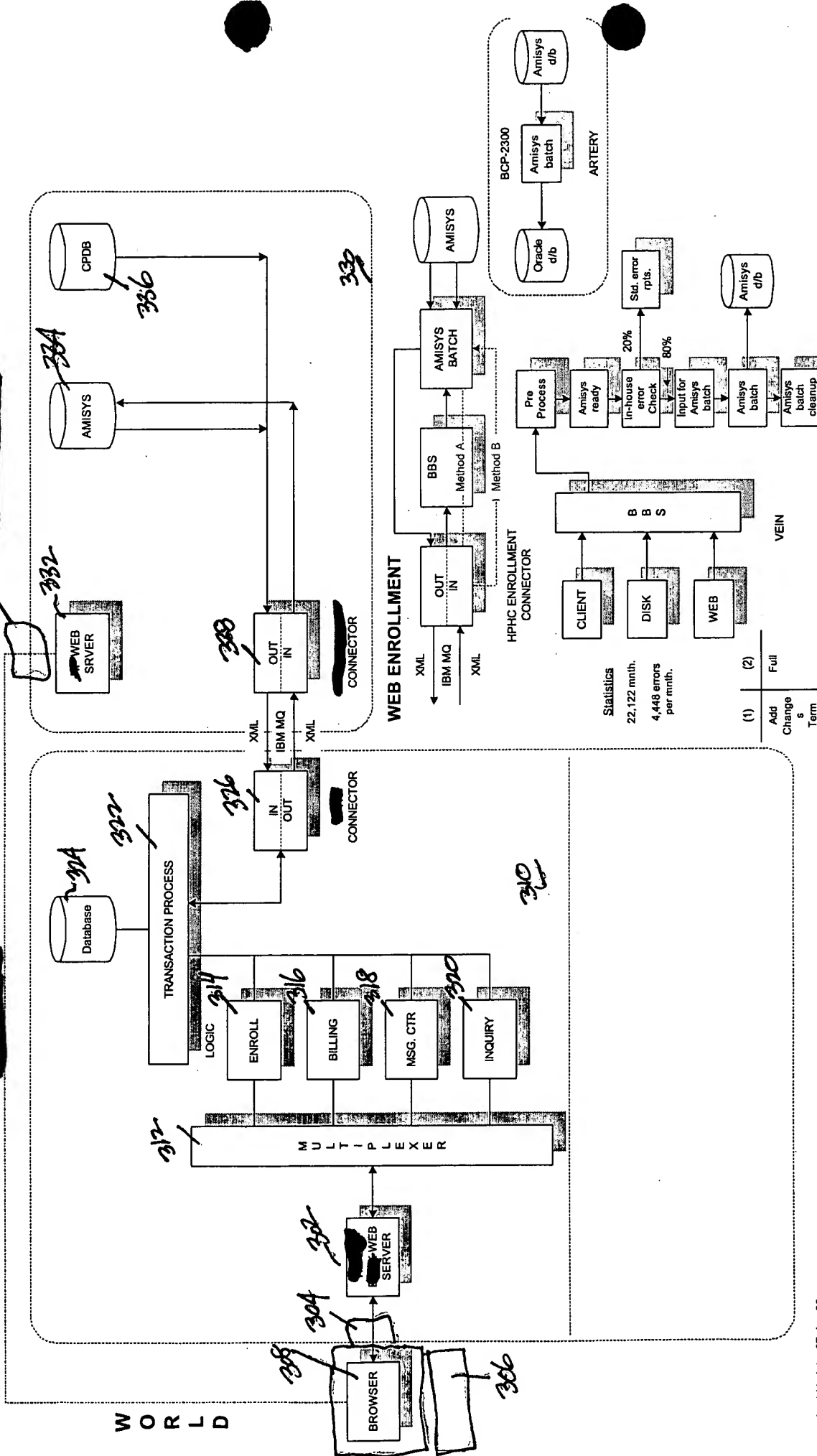
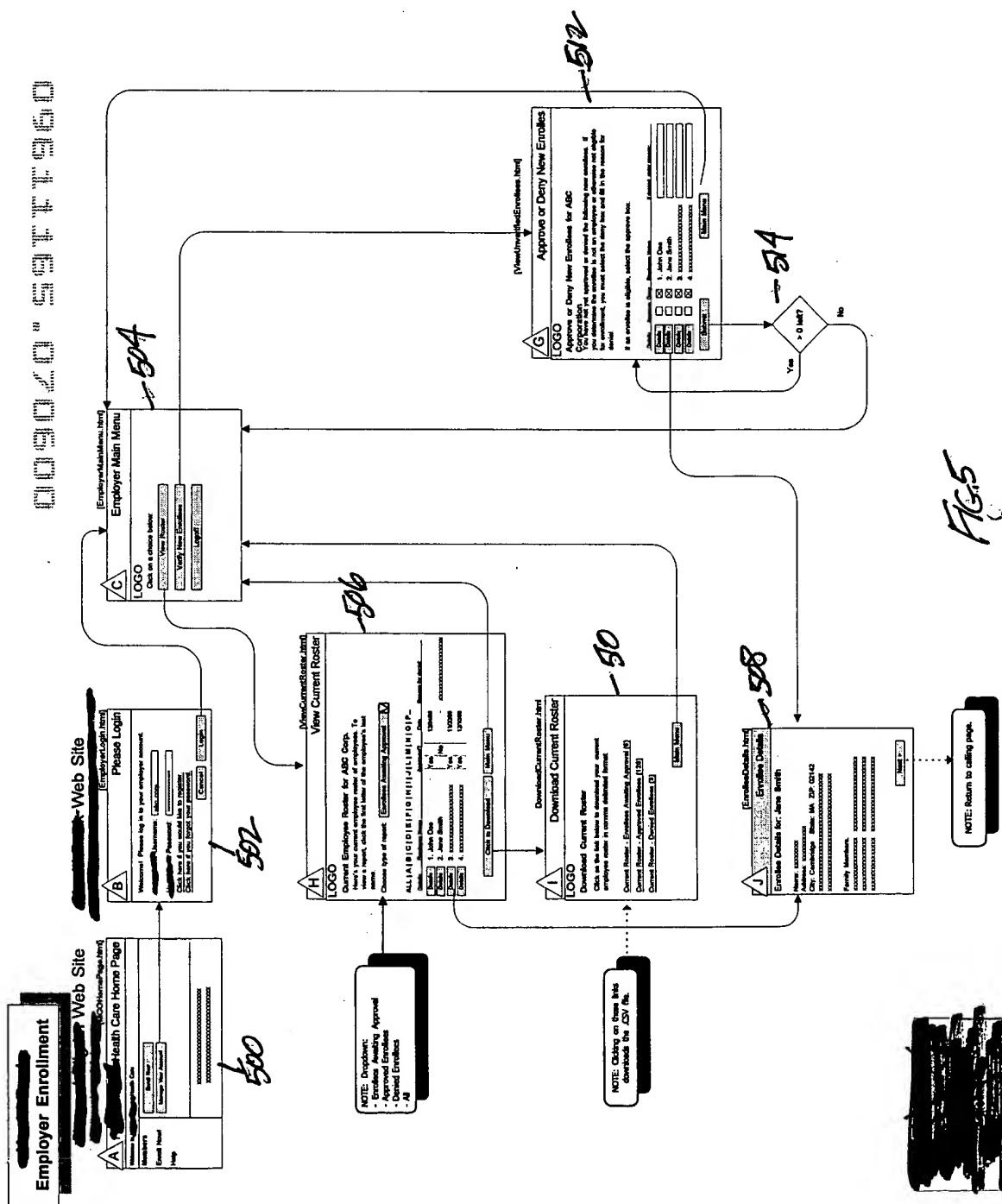


FIG. 3



PCP
Selection

SECRET

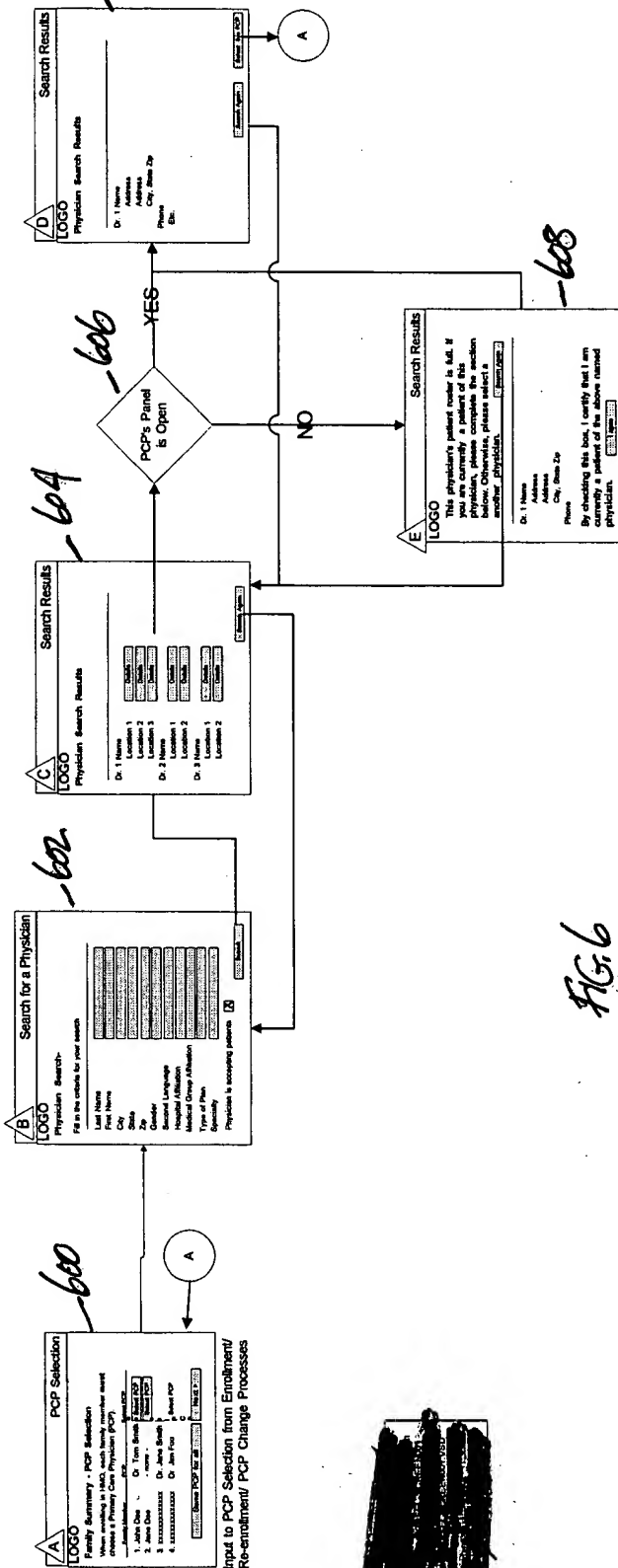
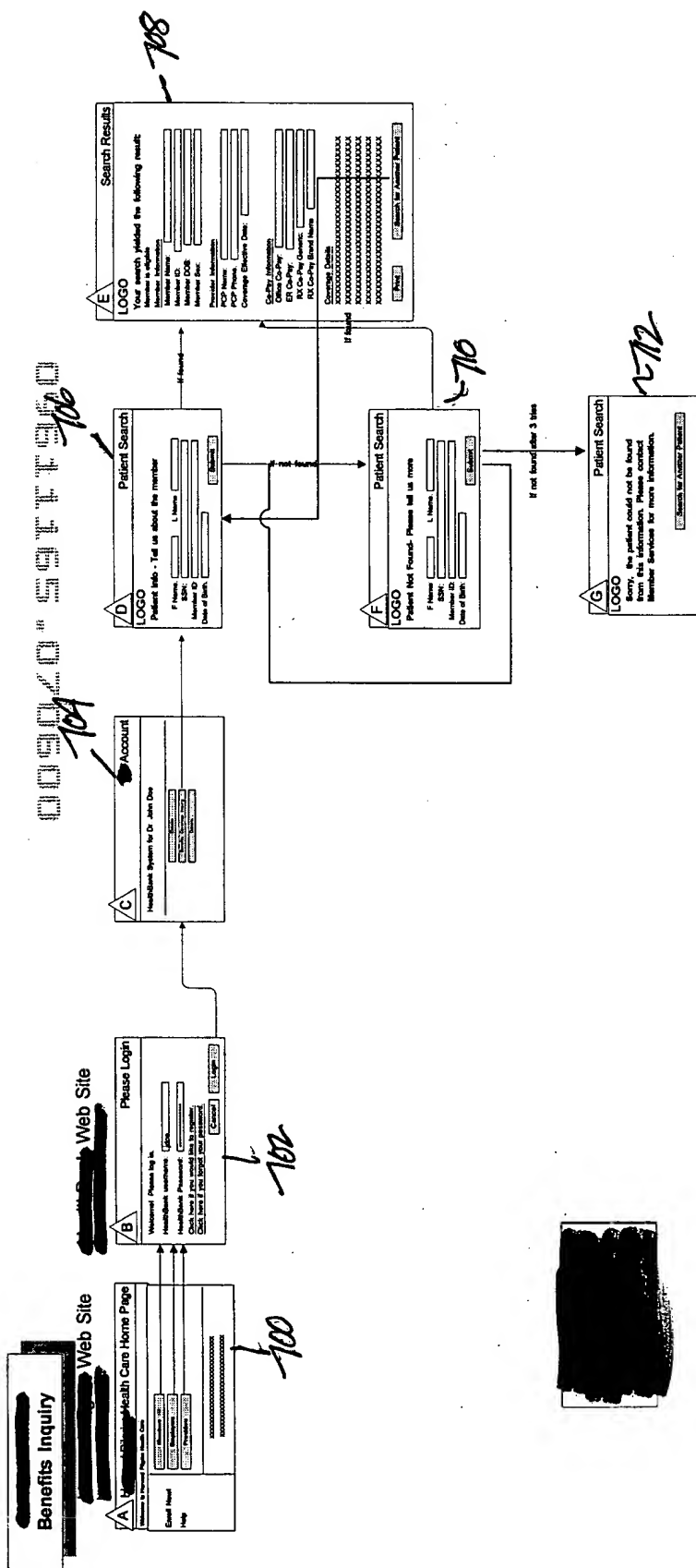


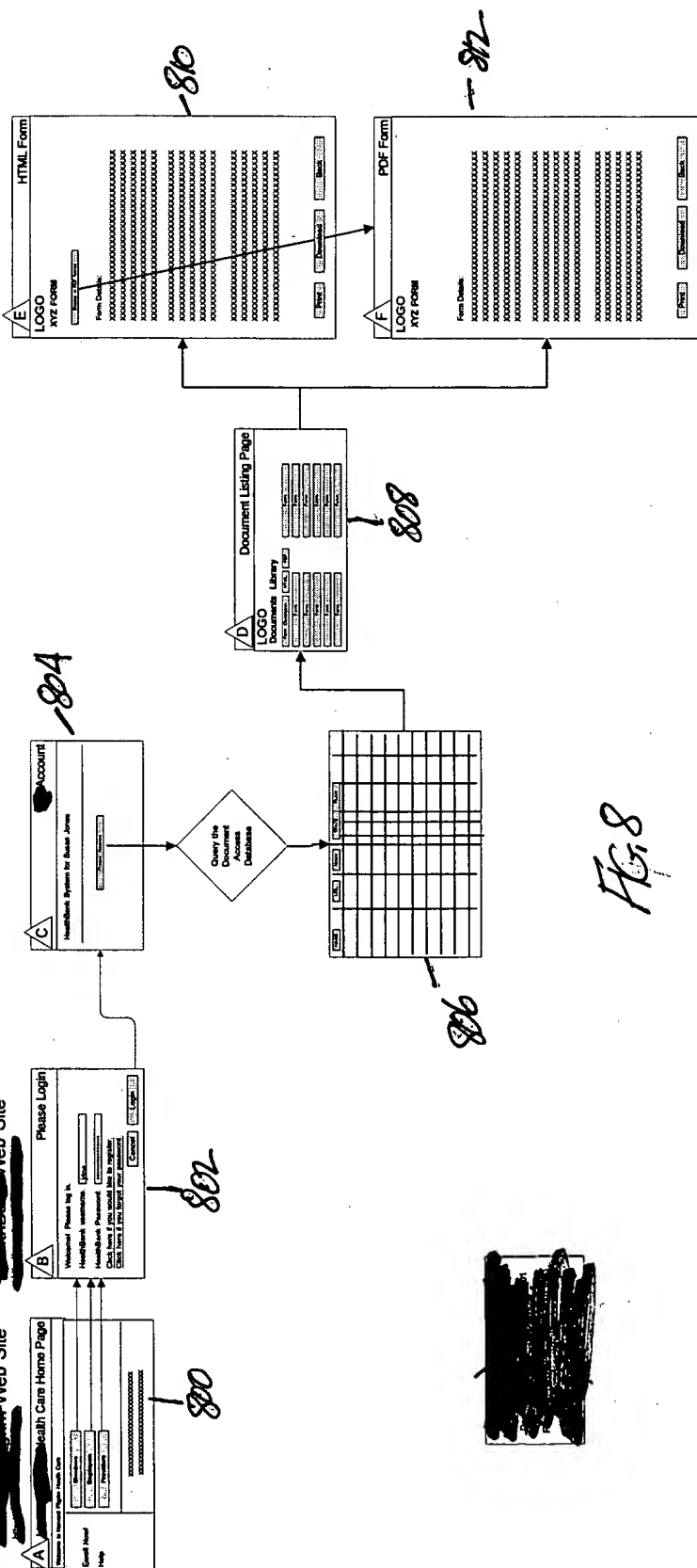
FIG. 6



A graphic for a 'Static Pages Download' featuring a large, stylized letter 'A' and the text 'Web Site'.

Web Site


Web Site



Account

HealthShare Systems for Business - Joyce

10/1/2014 10:00 AM



Please Login

WebJournal Please log in.

HealthSearch username:

HealthSearch password:

Check boxes if you would like to register:
☐ Check boxes if you would like to register
☐ Check boxes if you would like to register

A

Health Care Home Page

Resources to National Pipeline Health Care

Search	Help
Home	About Us
Contact Us	Privacy Policy

XXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXX

Document Listing Page

[illegible]

808

26

218-

80-

[illegible]

Member Re-enrollment

Web Site

Health Care Home Page

Grand Name: [text]
Login: [text]
Password: [text]
[Login] [Cancel]

Web Site

Please Login

HealthCare username: [text]
HealthCare Password: [text]
Click here if you intend this to be a new login. If you have a previous login, click here to login.
[Login] [Cancel]

Account

HealthCare System for Susan Jones

Account Number: [text]
PIN: [text]
[Update] [Cancel]

Subscriber Information

LOGO

Update any fields that have changed.

F Name: [text] L Name: [text]
Address: [text]
City: [text] St: [text] Zip: [text]
Phone: [text] Fax: [text]
E-mail: [text]
Preferences: ☐ No you cannot enter another plan? [Cancel] [Next >]

Family Summary

LOGO

Here's your family summary:

Family Member: [text]
1. John Doe [text]
2. Jane Doe [text]
3. [text]
4. [text]
[Add Another Family Member] [Complete]

Family Member Information

LOGO

Member Info - Tell us about your family member:

F Name: [text] L Name: [text]
Address: [text]
City: [text] St: [text] Zip: [text]
Phone: [text] Fax: [text]
DOB: [text]
Relationship: [text]
Language: [text] English [X]
Additional Info: ☐ Is this member a full time student over 18? [Cancel] [Next >]

Coordination of Benefits

LOGO

Tell us about the other plan in which the member is covered:

Plan Name: [text]
Plan Number: [text]
Plan Date: [text]
Discriminator: [text]
[Cancel] [Next >]

Enter Student Info

LOGO

Enter this member's student information:

Student: [text]
School Name: [text]
School City: [text]
Discriminator: [text]
[Cancel] [Next >]

Choose a Plan

LOGO

Choose your health plan:

Plan: [radio] [radio]
Description: [text]
[Back] [Next >]

PCP Selection

LOGO

Family Summary - PCP Selection

When enrolling in HMO, each family member must select a Primary Care Physician (PCP) and a Referring Physician (RP).

1. John Doe [text]
2. Jane Doe [text]
3. [text]
4. [text]
[Select PCP for all] [Next >]

Discontinue

LOGO

I agree that both [text] [text]
[Discontinue] [Cancel]

Are you sure?

Are you sure you want to cancel your enrollment? If you choose yes, your enrollment will be terminated and you will be asked to return to the disclaimer page.

[Yes] [No] [Cancel]

Thank You!

Thank you for enrolling in this Managed Care Organization! Your employee will receive your enrollment information and your ID card will be sent to your study.

Click here to return to the MOO home page.

"Field of no return"
Data entered into database.

FIG. 9

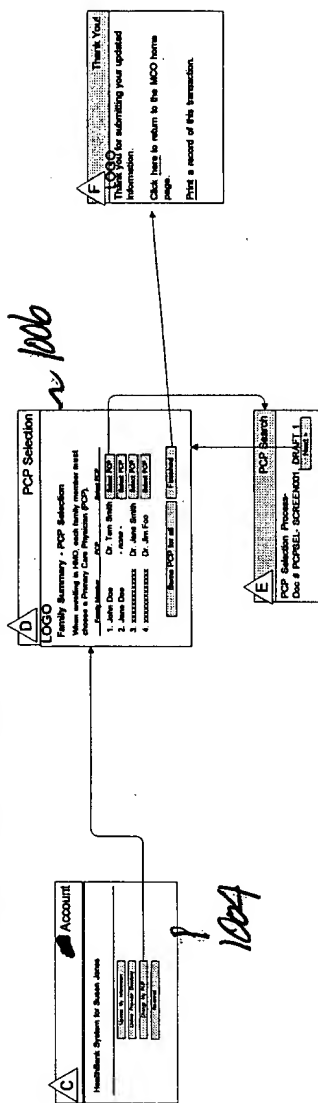


Fig. 10

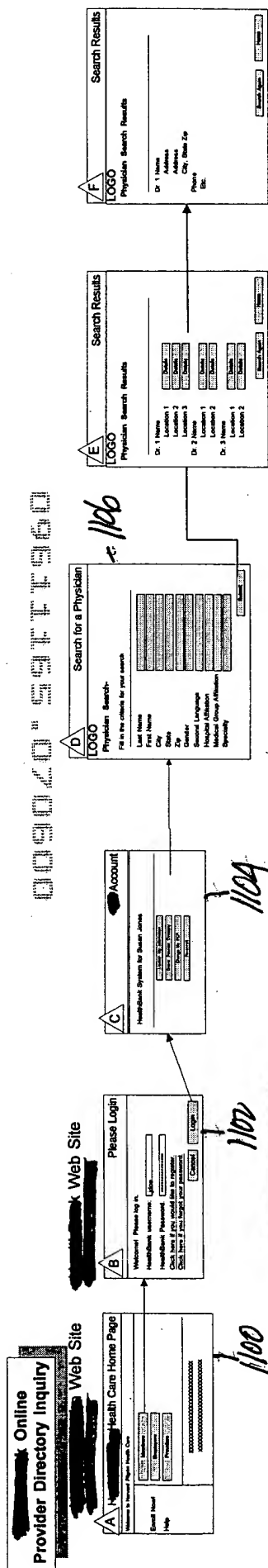


Fig. 11

Member Information Changes

Web Site

Member Information Changes Web Site

1200

1202

1204

Please Login

1202

HB Account

1204

Family Summary

1206

Member Information

1206

Enter Student Info

Coordination of Benefits

Thank You!

Click back to return to the MCO home page.

If change happens during an open enrollment period

FIG. 12

Qualifying Event

1202

Adherent

1204

2

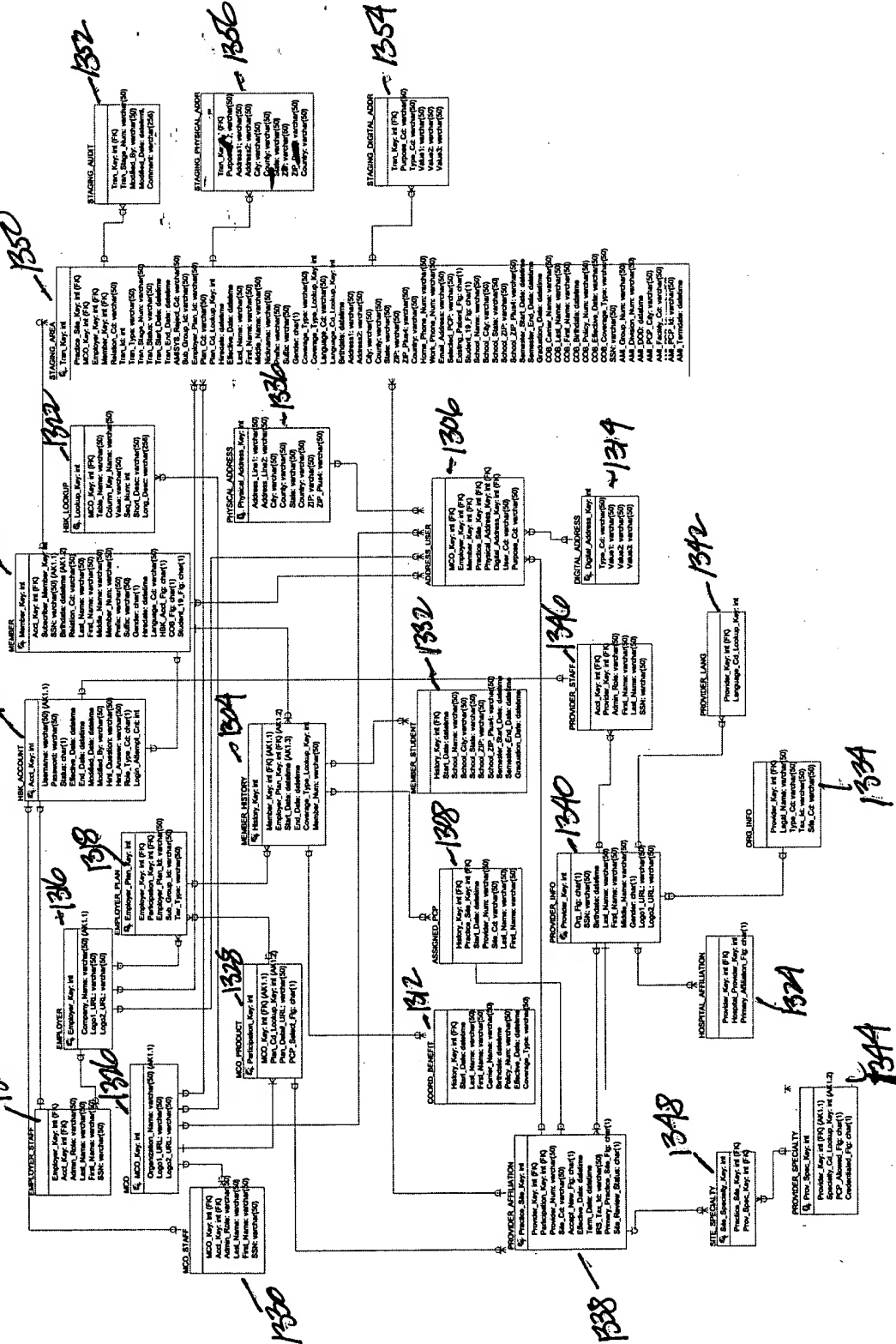


Fig. 13